***Limited Data Set (LDS) for Hospital Outpatient Prospective Payment System (OPPS)
Description, Fields, and Definitions***

FILE DESCRIPTION

This file contains select claim level data and is derived from 2002 hospital outpatient PPS claims, updated through June 2003. That is, claims for services furnished on or after April 1, 2002 through December 31, 2002 that were received, processed, and paid by June, 2003. This file includes more than 41 million claims, for services paid under the OPPS, including observation, multiple and single claims. This is a flat file available on cartridges. The record length is 8115, blocksize is 24345.

Requests for clarification of file description, layout, and definitions only can be accepted at (410) 786-0378.

FILE FIELDS

XR00@DBT0992.FIN4.OPPSLDS1.T0031023

    * PUBLIC USE FILE RECORD FORMAT

01 FIELD NAME	FORMAT	POSITION
03 PROVIDER-NUMBER	PIC X(6)	1-6
03 FROM-DATE	PIC S9(5) COMP-3.	7-9
03 SERVICE-LINE-COUNT	PIC S9(3) COMP-3.	10-11
03 SERVICE-LINE	OCCURS 0 TO300 TIMES DEPENDING ON SERVICE-LINE-COUNT	12-8111
05 SERVICE-REVENUE-CODE	PIC X(4).	
05 SERVICE-HCPCS	PIC X(5).	
05 SERVICE-DATE-OFFSET	PIC S9(3)COMP-3.	
05 SERVICE-UNIT-COUNT	PIC S9(7)COMP-3.	
05 SERVICE-TOTAL-CHARGES	PIC S9(9)V99 COMP-3.	
05 SERVICE-COST	PIC S9(9)V99 COMP-3.	

CLAIM AND SERVICE LINE FIELD DEFINITIONS:

CLAIM FIELD DEFINITIONS

PROVIDER-NUMBER: The identification number of the institutional provider certified by Medicare to provide services to the beneficiary.

FROM-DATE: The date of service in quarter/year format

SERVICE-LINE-COUNT: The number of revenue codes appearing on the claim.

SERVICE LINE FIELD DEFINITIONS

SERVICE-REVENUE-CODE: The provider-assigned revenue code for each cost center for which a separate charge is billed. A cost center is a division or unit within a hospital (e.g., radiology, emergency room, pathology). Revenue center code "0001" is used to identify the claim "totals" line.

EXCEPTION: Revenue center code 0001 represents the total of all revenue centers included on the claim.

SERVICE-HCPCS: Healthcare Common Procedure Coding System (HCPCS) code for an item or

service, is a collection of codes that represent procedures.

SERVICE-DATE-OFFSET: the number of days from the actual claim date of service. The actual claim date of service is not provided except in quarter/year format, and can be found in the "FROM-DATE" field. This "SERVICE-DATE-OFFSET" field can be used to determine when line items were provided in comparison to other line items on the claim. The value "-999" will be used to indicate that the original line date of service was missing from the data.

SERVICE-UNIT-COUNT: The number of units of the item or service delivered.

SERVICE-TOTAL-CHARGES: The total charges (covered and non-covered) for all accommodations and services (related to the revenue code) for a billing period before reduction for

the deductible and coinsurance amounts and before an adjustment for the cost of services provided.

SERVICE-COST: The charges adjusted to cost using the hospital's specific cost center cost-to-charge ratio